



Executive Office of Health and Human Services

Department of Children, Youth & Families • Department of Elderly Affairs • Department of Health •
Department of Human Services • Department of Mental Health, Retardation, & Hospitals

Global Waiver – Goals and Objectives

This document outlines the three main Goals for the State of Rhode Island's Global Consumer Choice Compact Waiver (referred to as "Global Waiver"). Each Goal addresses the following questions:

- What are we really trying to put in place?
- What changes do we expect to see?
- What results do we expect to achieve?

GOAL 1: REBALANCING THE STATE'S LONG TERM CARE SYSTEM

A rebalanced long term care system provides individuals needing long term care services (including children, adults with disabilities, and the elderly) greater access to home and community based services as an alternative to care provided in nursing homes, residential settings, and other institutional facilities. Currently in Rhode Island, more individuals receive services in high cost, institutional settings. A rebalanced system will support quality, independence, choice, and coordination of services while achieving a better balance between the proportion of Medicaid dollars spent on institutional services and those spent on home and community based services.

What will the State put in place to accomplish this Goal?

- Implementation of a standardized *Assessment and Coordination Tool and Process* which will be used to screen all individuals applying for long term care services, including children, adults with disabilities, and elderly. The assessment will result in a Level of Care determination for each individual.

What changes will the State expect to see as a result of this Goal?

- Increase in individual and family level of awareness about home and community-based alternatives to institutional care.
- Increase in individual and family knowledge of the right to choose among services and settings that are appropriate for the long term care service needs of the individual.
- Increase in provider level of awareness about home and community-based alternatives to institutional care (e.g. discharge planners).
- Increase in utilization of and expenditures for home and community-based services as an alternative to institutional/residential settings.
- Corresponding decrease in utilization of and expenditures for institutional and residential settings (including 24-hour residential placements for children, state-sponsored 24-hour supports in group homes or other residential settings for adults with disabilities, and nursing facilities for adults with disabilities and the elderly).
- Increase in access to and quality of home and community based long term care services, including timely and appropriate access and clinical quality improvements.

What results does the State expect to achieve?

- Increase in functioning and satisfaction of individuals receiving long term care services, including improvements in quality of life indicators, independence, and functional status.
- Increase in “value” or cost-effectiveness of long term care/home and community-based services reflected by an increase in quality combined with a decrease in state costs.

GOAL 2: INTEGRATE CARE ACROSS ALL MEDICAID POPULATIONS

What will the State put in place to accomplish this Goal?

- All individuals on Medicaid will be enrolled in their choice of an integrated system of care such as RItE Care, Rhody Health Partners, Connect Care Choice.
- All children with special needs will be enrolled in their choice of a participating RItE Care Health Plan for comprehensive health care services.
- All adults with disabilities will be enrolled in their choice of an integrated system of care, either Rhody Health Partners or Connect Care Choice.

Individuals with existing health insurance coverage, such as employer-based insurance or Medicare, will not be enrolled in an integrated system of care.

What changes will the State expect to see as a result of this Goal?

- Increase in individuals on Medicaid who have a medical home – a source of continual care that is integrated and coordinated by a primary care provider.
- Increase in utilization of and expenditures for primary care and preventive services (e.g. physician visits, recommended screening, vaccines).
- Corresponding decrease in utilization and expenditures of institutional-based services including emergency room visits and inpatient hospitalization for ambulatory sensitive conditions.
- Increase in access to and quality of health care, including timely and appropriate access to health care services and clinical quality improvements.

What results does the State expect to achieve?

- Increase in individual and family satisfaction with health care
- Increase in “value” or cost-effectiveness of integrated care reflected by an increase in quality combined with a decrease in state costs

GOAL 3: COMPLETE THE TRANSITION FROM A PAYOR TO A PURCHASER FOR ALL MEDICAID POPULATIONS

What will the State put in place to accomplish this Goal?

- The State will develop and implement payment methodologies to provide financial incentives to appropriately rebalance both the long term care system and the acute health care system. Payment methodologies will address:
 - Access to primary care (incentives to increase primary and preventive care visits and decrease in emergency room visits).

- Patient admission processes (incentives to increase in patients appropriately diverted from inpatient admission to less intensive settings)
- Patient discharge processes and decisions (incentives to increase in discharges home with community-based supports and decrease in discharges to nursing homes)
- Provider supply (incentives to decrease in institutional bed supply and increase capacity in community-based care)

What changes will the State expect to see as a result this Goal?

- Increase in the number of provider and Health Plan contracts which specify performance indicators and incorporate pay for performance mechanisms.
- Increase in utilization of and expenditures for primary care and preventive services (e.g. physician visits, recommended screening, vaccines).
- Corresponding decrease in utilization of and expenditures for institutional-based services including emergency room visits and inpatient hospital, in particular for ambulatory sensitive conditions.
- Increase in utilization and expenditures for home and community-based long term care services and supports.
- Corresponding decrease in utilization and expenditures of long term care in institutional and residential settings, (including 24 hour residential placements for children, state sponsored 24-hour supports in group homes or other residential settings for adults with disabilities, and nursing facilities for adults with disabilities and the elderly).
- Increase in level of acuity of individuals in long term care institutional and residential settings with 24-hour supports.

What results does the State expect to achieve?

- Increase in “value” or cost-effectiveness of integrated care systems reflected by an increase in quality combined with a decrease in state costs.
- Increase in “value” or cost-effectiveness of long term care provided at home and in the community, reflected by an increase in quality combined with a decrease in state costs.

HOW WILL THE STATE KNOW WHETHER WE ARE SUCCEEDING ?

As a Research and Demonstration waiver under Section 1115 of the Social Security Act, the State of Rhode Island’s Global Consumer Choice Compact Waiver will incorporate two structured evaluations which will be focused on measuring the degree to which the goals and objectives of the demonstration have been achieved.

An ongoing or “formative” evaluation will measure the program’s progress in achieving measurable objectives and will provide the State with a valuable early warning system that can be used for decision-making regarding midcourse corrections. A final, in-depth waiver evaluation report submitted at the end of the demonstration period will be of value to Rhode Island as well as to other states who may consider implementing components of RI’s global waiver.

A specific Evaluation Plan, including specific evaluation measures, will be submitted to the federal government within 120 days of federal approval of the Waiver.